

# Correspondence

*The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.*

## Canadian Cooperative Trial on Platelet-Inhibiting Drugs

TO THE EDITOR: In the March issue there appears a review article by Dr. H. I. Machleder on "Strokes, Transient Ischemic Attacks and Asymptomatic Bruits." It includes a discussion of the Canadian Cooperative Trial on Platelet-Inhibiting Drugs which is erroneously referenced and erroneous in substance.

The author states that the study consisted of the administration of "placebo, aspirin, aspirin with dipyridamole or dipyridamole alone." Dipyridamole was *not* used in this study. The drugs used were placebo, aspirin, aspirin with sulfinpyrazone (Anturan), or sulfinpyrazone alone. The accurate reference from which he has derived these misquoted data is given below<sup>1</sup> as is the reference to the major report in which the data were presented in their original form.<sup>2</sup> The reader of the review would be unable to identify this error because of the imperfection in the referencing.

No trial has yet been concluded that tests the benefit of aspirin with dipyridamole. Such a trial is now underway involving ten American and Canadian centers in a collaborative study. There is reason to have some optimism about the combination because the drugs act by different mechanisms. It would appear that dipyridamole (Persantin) acts by interfering with phosphodiesterase and increases cyclic AMP at the platelet membrane. It is probable that aspirin operates by the mechanism described by Dr. Machleder in the review article mentioned. Furthermore, there is *in vitro* evidence that synergism exists between dipyridamole and aspirin. In patients with arteriosclerotic lesions where the platelet survival time has been reduced, Harker and Slichter<sup>3</sup> were able to determine that there was a return towards normal platelet survival time with the administration of dipyridamole and that aspirin alone did not alter the platelet survival time but that the

combination of these two drugs brought the platelet survival time to normal.

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### REFERENCES

1. The Canadian Cooperative Study Group: A randomized trial of aspirin and sulfinpyrazone in threatened stroke. *N Engl J Med* 299:53-59, Jul 13, 1978
2. Barnett HJM, McDonald JWD, Sackett D: Aspirin—Effective in males threatened with stroke (Editorial). *Stroke* 9:295-298, 1978
3. Harker LA, Slichter SJ: Arterial and venous thromboembolism: Kinetic characterization and evaluation of therapy. *Thrombosis Diathesis Haemorrh* 31:188, 1974

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## Dr. Machleder Replies

TO THE EDITOR: Dr. Barnett is absolutely correct in his astute observation. The error was inadvertent, and the drug used in the Canadian Cooperative Trial was indeed sulfinpyrazone and not dipyridamole.

The results of trials with aspirin and dipyridamole will be anxiously awaited from the outstanding group of investigators in Ontario.

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## VD in China

TO THE EDITOR: There have been many references in the medical and popular press to the supposed elimination of venereal disease in China. The article by Dr. Shulman in the May issue (Shulman AG: Absence of venereal disease in the People's Republic of China. *West J Med* 130:469-471, May 1979) is an example.

That the incidence of venereal diseases in China has been greatly reduced is probably true, and is certainly a significant public health achievement. However, let us not be naive enough to assume that these diseases have been eliminated

in that country as a public health problem. What undoubtedly exists in China is a lack of adequate communicable disease surveillance and reporting, just as we see throughout the world, including much of the United States. It is often politically fashionable and expedient to deny existence of a public health problem to outsiders.

In the United States in 1978 there were 21,681 reported cases of primary or secondary syphilis and a million cases of gonorrhea. Eight states accounted for 75 percent and 50 percent of these cases, respectively. Between March 1976 and December 1978, there were only 508 reported cases of penicillinase resistant gonorrhea in the nation, of which 289 were from California. Thus, many of the nearly 400,000 practicing physicians in the United States can also say they see very little or no syphilis or gonorrhea in their practices. Fortunately, our medical schools have not used their lack of teaching cases as an excuse to stop teaching about venereal disease.

The commentary coming out of China sounds like the talk of venereal disease eradication in the United States during the middle and late 1950's. In 1957, only eight cases of infectious syphilis (mostly secondary) were reported for the million people residing in Seattle-King County and many areas of the country had no cases, despite the continued existence of prostitution. I doubt whether the Chinese have solved the problem of homosexual transmission of venereal diseases and I question if they have a lesser problem with antibiotic resistant gonorrhea than we do. Furthermore, many Chinese females and males probably also develop asymptomatic infections of gonorrhea and syphilis and do not know they are infected. Venereal disease is likely to remain a public health problem worldwide for years to come.

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### Thoughts After Three Mile Island

TO THE EDITOR: One is fascinated by the recently popular discovery that we arise from previous generations. We are beginning to feel strongly that we have roots in the past. The biological mysteries of intimate blood relationships with men and women and children who precede us, entrance us.

We are beginning to know that our lives and the facts that we can love and breathe and laugh

and cry, that we can help and touch one another, that we can hold a baby in our arms and that we can hear the ocean in a seashell—all these and all other sensations that we might have, we have received from those who went before us. From our roots.

We are sad about any suffering that our ancestors might have endured, feel puzzled and perhaps a little guilty at the pain that they might have inflicted on others, individually or during war and holocaust, and wonder at the fact that so many of our antecedents often suffered as a result of the selfishness and arrogance and greed of a few.

Now we are at the watershed. The fact of man-made alterations of the environment on a massive and accelerating scale, has put our generation in a critical relationship to future generations.

Above all looms the threat of radiation concentrated or created by man. No other environmental threat is more fraught with hazard to us and to those whose roots we are and will have been 5, 10, 20, 100 generations from now.

Between 1898, when the Curies discovered radium and its phenomenal property of radioactivity, and the year 1938, just before World War II, the total world supply of radium was less than 600 grams (1½ pounds), an amount that would not make a 2-inch cube. Of this, 225 grams were in the United States. The tiny quantity each fortunate hospital in the world might have owned for therapeutic purposes was guarded with an almost ritualistic reverence because of a mixture of respect for its healing properties and concern because of the danger of the invisible and potent radiation that it was constantly emitting.

Now, as a result of nuclear weapons programs and nuclear power plants, we have produced thousands of billions of grams of equally radioactive substances such as plutonium and strontium and tritium and iodine and carbon and xenon and krypton and on and on. And while we wonder what we are to do with this deadly cargo that for generations can cause cancer and can deform the genetic heritage that we carry within us, we keep cooking up our witches' brew as if we have gone mad.

The atom, this tiny particle of matter which we must imagine in our minds because we cannot see it, dominates the minds of many and has infected the brains of our leaders, much as if it were a virus. It has bred ideas of arrogance which make us believe that we can forever dominate nature;